



## Financial Agreement

### Payment for Services

Please understand that payment for services is an important part of the provider-patient relationship. If you do not have insurance, proof of insurance, or participate in a plan that will not honor an assignment of insurance benefits, payment for services will be due at the time of service unless a payment arrangement has been approved in advance by our staff. A \$35 service fee will be charged for all returned checks. Additionally, you may authorize us to keep your credit card on file for your convenience with the knowledge that we adhere to the highest level of privacy and information security.

### Interest

10% interest will incur if a balance remains unpaid after 60 days.

### Dental Insurance

Jennifer Lopez Dental accepts most dental PPO benefit plans but please remember that your insurance policy is a contract between you and your insurance carrier. As a courtesy, we will bill your insurance and help you receive the maximum allowable benefit under your policy. We have found that patients who are involved with their claims process are more successful at receiving prompt accurate payment services from their insurance carrier. We do expect patients to be interactive and responsible for communicating with your insurance carrier on any open claims. It is your responsibility to provide all necessary eligibility, identification, authorization and referral information and to notify our office of any information changes when they occur. We also require photo identification when accepting insurance information. It is the patient's responsibility to know if our office is participating or non-participating with their insurance plan. Failure to provide all required information may necessitate patient payment for all related charges. When insurance is involved, we are contractually obligated to collect copayments, co-insurance, and deductibles as financial liability with arbitrary limit exclusion or reductions such as "reasonable and customary". Our fees are well within such ranges and although we will assist in the filing of an appeal, if these limitations are imposed, you, as the guarantor, are responsible for ALL out-of-network fees. **Please understand you are responsible for all charges not paid by your insurance.** Also, many insurance companies are excluding certain dental procedures or downgrading procedures to a lesser reimbursement level; in which case, you would be responsible for the difference.

### Appointment Changes

**We require notice of cancellations 72 hours in advance.** This allows us enough time to offer the appointment to another patient. **If you fail to keep your appointments without notifying us in advance, a missed appointment fee will apply. The missed appointment fee will be a charge of one dollar per minute of the time allotted for your appointment. Repeated missed appointments without notification may cause you to be dismissed from the practice so that we can provide care to other patients.** We will always do our best to confirm your appointment ahead of 72 hours via email, text, or phone call in

order to avoid cancellation fees. We strictly enforce this system in order to be able to help other patients who are in pain or on the waiting list.

Medical Records Fee

Patients are entitled under federal law to have access to their protected health information. The fee to retrieve your medical records is \$50.00.

By signing below I acknowledge that I have fully read and understood this agreement.

\_\_\_\_\_  
Patient's Printed Name

\_\_\_\_\_  
Patient, Guardian or Guarantor's Signature

\_\_\_\_\_  
Date